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CLAIMS ONLY						Application Number 10505154	Filing Date			
						Applicant(s)				
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	2		2							
Total Depend	18		18							
Total Claims	20		20							